

EXHIBIT A

RECEIVED JAN 04 2017

LC 9.71

NOTICE OF CMS CLAIM RESOLUTION OPT-OUT ELECTIONFirst Name of Person Injured: MILDALast Name of Person Injured: MATTILAIf Injured person is deceased and the Claimant is the representative of their estate, please provide the name of the representative executing this form:¹ _____NECC National Settlement Claim Number: 1913

If represented by counsel, please provide the following information:

Attorney Name: TODD S WEGLARZFirm Name: FIEGER, FIEGER, KENNEY & HARRINGTONFirm Address: 19390 WEST 10 MILE RD.SOUTHFIELD MICH 48075Telephone No. (248) 355-5148

I hereby inform the NECC Tort Trustee that the Claimant voluntarily and knowingly elects not to participate in the CMS Lien Resolution Program and understands that it is the Claimant's responsibility to resolve any claims that the Centers for Medicare and Medicaid Services (Medicare) and may have against the Claimant for health care cost reimbursement.

Paul J. Mattila
 Claimant Signature P.O.A. FOR MILDA MATTILA

12-28-2016
 Date

Please Note: To be effective, this Notice of CMS Claim Resolution Opt-Out must be **POSTMARKED** within 30 days of the date of the NECC Tort Trustee's letter included in this packet of materials.

¹ By execution of this Notice of CMS Claim Resolution Opt-Out I hereby also certify that I am the representative of the estate of the Claimant with the legal authority from a court of competent jurisdiction to sign this Notice of CMS Claim Resolution Opt-Out on behalf of the Claimant's estate.

DAVID MATTILA



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NECC TORT TRUSTEE
PO BOX 52330
BOSTON, MA 02205



02205-233030

